

Case Number:	CM13-0061147		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2003
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old who sustained a work-related injury on November 7, 2003 to the lumbar spine, right leg and bilateral wrists. He had intermuscular rodding for a tibial fracture, which was later removed. He had chronic back pain and also developed reflex sympathetic dystrophy (RSD) which was treated with a spinal cord stimulator. According to a note dated January 14, 2013 the patient's examination demonstrated reduced range of motion of the lumbar spine. The patient was diagnosed with RSD, lumbar spine sprain, carpal tunnel syndrome and was status post dorsal column implant.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 93-94.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. It is not

recommended as a first-line oral analgesic. In addition there should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors for chronic pain patients on opioids. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no recent evidence of objective monitoring or compliance of the patient with his medications. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription for Tramadol ER 150mg, #90, is not medically necessary at this time.

Lortab 7.5/500mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Section Page(s): 79.

Decision rationale: According to the California MTUS guidelines Lortab is indicated for moderate to severe pain. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors for chronic pain patients on opioids. There is no clear documentation of patient improvement in the level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no documentation of efficacy on the previous use of Lortab. Furthermore, there is no documentation of recent acute exacerbation of pain that may require the addition of a narcotic drug. Therefore, the request for Lortab 7.5/500mg, #180, is not medically necessary.

Flexeril 7.5, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

Decision rationale: According to California MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril is not justified. The request of Flexeril 7.5mg, #180, is not medically necessary.